

**PROPOSAL FOR A
GENETICS RESEARCH CENTER**

**Submitted to the
National Institute of
General Medical Sciences**

June 1, 1973

**School of Medicine
Stanford University**

SECTION 1

Form Approved
Budget Bureau No. 68-R0249DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

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GRANT APPLICATION

TYPE	PROGRAM	NUMBER
REVIEW GROUP		FORMERLY
COUNCIL (Month, Year)		DATE RECEIVED

TO BE COMPLETED BY PRINCIPAL INVESTIGATOR (Items 1 through 7 and 15A)

1. TITLE OF PROPOSAL (Do not exceed 53 typewriter spaces)

Genetics Research Center

2. PRINCIPAL INVESTIGATOR

2A. NAME (Last, First, Initial)

Lederberg, Joshua

2B. TITLE OF POSITION

Professor and Chairman

2C. MAILING ADDRESS (Street, City, State, Zip Code)

Department of Genetics
Stanford University School of Medicine
Stanford, California 94305

2D. DEGREE

Ph.D.

2E. SOCIAL SECURITY NO.

2F. TELEPHONE DATA
Area Code 415
TELEPHONE NUMBER AND EXTENSION
321-1200 Ext. 5801

2G. DEPARTMENT, SERVICE, LABORATORY OR EQUIVALENT
(See Instructions)

Depts. of Genetics and Pediatrics

2H. MAJOR SUBDIVISION (See Instructions)

N/A

7. Research Involving Human Subjects (See Instructions)

A. ☐ NO B. ☐ YES Approved:
C. ☒ YES - Pending Review 6-29-79 Date

3. DATES OF ENTIRE PROPOSED PROJECT PERIOD (This application)

FROM

1/1/74

THROUGH

12/31/78

4. TOTAL DIRECT COSTS REQUESTED FOR PERIOD IN ITEM 3

\$2,659,305

5. DIRECT COSTS REQUESTED FOR FIRST 12-MONTH PERIOD

\$537,800

6. PERFORMANCE SITE(S) (See Instructions)

Department of Genetics and
Department of Pediatrics
Stanford University School of Medicine
Stanford, California 94305

8. Inventions (Renewal Applicants Only - See Instructions)

A. ☐ NO B. ☐ YES - Not previously reported
C. ☐ YES - Previously reported

TO BE COMPLETED BY RESPONSIBLE ADMINISTRATIVE AUTHORITY (Items 8 through 13 and 15B)

9. APPLICANT ORGANIZATION(S) (See Instructions)

Stanford University
Stanford, California 94305
IRS No. 94-1156365
Congressional District No. 17

11. TYPE OF ORGANIZATION (Check applicable item)

☐ FEDERAL ☐ STATE ☐ LOCAL ☒ OTHER (Specify)
Private, non-profit

12. NAME, TITLE, ADDRESS, AND TELEPHONE NUMBER OF OFFICIAL IN BUSINESS OFFICE WHO SHOULD ALSO BE NOTIFIED IF AN AWARD IS MADE

K.D. Creighton
Deputy Vice President for Business & Finance
Stanford University
Stanford, California 94305

Telephone Number (415) 321-2300 X2251

10. NAME, TITLE, AND TELEPHONE NUMBER OF OFFICIAL(S) SIGNING FOR APPLICANT ORGANIZATION(S)

Kathleen C. Butler
Sponsored Projects Officer

c/o Sponsored Projects Office

Telephone Number (s) (415) 321-2300 Ext. 2883

13. IDENTIFY ORGANIZATIONAL COMPONENT TO RECEIVE CREDIT FOR INSTITUTIONAL GRANT PURPOSES (See Instructions)

01 School of Medicine

14. ENTITY NUMBER (Formerly PHS Account Number)

458210

15. CERTIFICATION AND ACCEPTANCE. We, the undersigned, certify that the statements herein are true and complete to the best of our knowledge and accept, as to any grant awarded, the obligation to comply with Public Health Service terms and conditions in effect at the time of the award.

SIGNATURES

(Signatures required on original copy only.
Use ink, "Per" signatures not acceptable)

A. SIGNATURE OF PERSON NAMED IN ITEM 2A

(See also page 1)

DATE

MAY 30 1973

B. SIGNATURE(S) OF PERSON(S) NAMED IN ITEM 10

DATE

5/30/73

SECTION 1

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

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PROJECT NUMBER

RESEARCH OBJECTIVES

NAME AND ADDRESS OF APPLICANT ORGANIZATION

Stanford University, Stanford, California 94305

NAME, SOCIAL SECURITY NUMBER, OFFICIAL TITLE, AND DEPARTMENT OF ALL PROFESSIONAL PERSONNEL ENGAGED ON PROJECT, BEGINNING WITH PRINCIPAL INVESTIGATOR

Joshua Lederberg, Professor and Chairman, Department of Genetics [REDACTED]
Howard Cann, Associate Professor of Pediatrics, Dept. of Pediatrics [REDACTED]
Norman Kretchmer, Professor of Pediatrics, Department of Pediatrics [REDACTED]
Leonard Herzenberg, Professor of Genetics, Department of Genetics [REDACTED]
Luca Cavalli-Sforza, Professor of Genetics, Department of Genetics [REDACTED]
Luigi Luzzatti, Professor of Pediatrics and Community and Preventive Medicine,
Department of Pediatrics [REDACTED]
Clifford R. Barnett, Associate Professor of Pediatrics, Professor of Anthropology,
Department of Pediatrics [REDACTED] *(CONTINUED BELOW)

TITLE OF PROJECT

GENETICS RESEARCH CENTER

USE THIS SPACE TO ABSTRACT YOUR PROPOSED RESEARCH. OUTLINE OBJECTIVES AND METHODS. UNDERSCORE THE KEY WORDS (NOT TO EXCEED 10) IN YOUR ABSTRACT.

A comprehensive program of basic and clinical research, uniting the efforts of the Department of Genetics and Pediatrics, will apply advances in analytical instrumentation to problems of genetic polymorphism and disease in man.

Program areas include:

Genetic errors of metabolism identified by computer-managed gas chromatography and mass spectrometry, applied to urine, blood and amniotic fluid;

Detection of fetal cells in maternal circulation;

Expression of genetic markers in fetal cells, linkage studies; antenatal diagnosis;

Polymorphisms involving specific binding to plasma proteins;

Psychological impact of genetic disease and counseling practices.

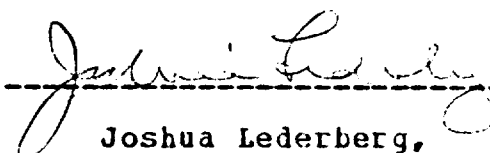
* Kenneth Tsuboi, Sr. Scientist, Department of Pediatrics [REDACTED]
Alan Duffield, Research Associate, Department of Genetics [REDACTED]
Wilfried Pereira, Jr., Research Associate, Department of Genetics [REDACTED]

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The undersigned agrees to accept responsibility for the scientific and technical conduct of this project and for provision of required progress reports if a grant is awarded as the result of this application.

MAY 30 1973

Date



Joshua Lederberg,
Principal Investigator

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